County: Milwaukee Facility ID: 1560 Page 1

KILBOURN CARE CENTER 2125 WEST KILBOURN AVENUE

MI LWAUKEE 53233 Phone: (414) 342-1312 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 91 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 93 Average Daily Census: 83

73

Number of Residents on 12/31/00:

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)						
No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	16. 4		
No					1 - 4 Years	37. 0		
No	Developmental Disabilities	2. 7	Under 65	42. 5	More Than 4 Years	46. 6		
No	Mental Illness (Org./Psy)	16. 4	65 - 74	27. 4	[			
No	Mental Illness (Other)	28. 8	75 - 84	20. 5		100. 0		
No	Alcohol & Other Drug Abuse	2. 7	85 - 94	9. 6	**************	******		
No	Para-, Quadra-, Hemi plegi c	2.7	95 & 0ver	0.0	Full-Time Equivaler	nt		
No	Cancer	2. 7			Nursing Staff per 100 Re	esi dents		
No	Fractures	6.8		100.0	(12/31/00)			
No	Cardi ovascul ar	6.8	65 & 0ver	57. 5				
No	Cerebrovascul ar	4. 1			RNs	8. 2		
No	Diabetes	6.8	Sex	%	LPNs	12. 3		
No	Respi ratory	2. 7			Nursing Assistants			
	Other Medical Conditions	16. 4	Male	60. 3	Aides & Orderlies	35. 2		
Yes			Female	39. 7				
		100.0			1			
No				100. 0	[			
	No No No No No No No No No No No No	No   Primary Diagnosis No   No   Developmental Disabilities No   Mental Illness (Org./Psy) No   Mental Illness (Other) No   Alcohol & Other Drug Abuse No   Para-, Quadra-, Hemiplegic No   Cancer No   Fractures No   Cardiovascular No   Cerebrovascular No   Diabetes No   Respiratory   Other Medical Conditions Yes	No   Primary Diagnosis	No   Primary Diagnosis	No   Primary Diagnosis	No   Primary Diagnosis		

Method of Reimbursement

		Medio	care		Medio	ai d											
		(Title	e 18)	(	(Title 19)		Other 1			Pr	Private Pay			Managed Care			Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n	]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	1	100. 0	\$210. 70	3	4. 2	\$108. 52	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0. <b>00</b>	4	5. 5%
Skilled Care	0	0. 0	\$0.00	46	64. 8	\$92.96	1	100. 0	\$117.67	0	0. 0	\$0.00	0	0. 0	\$0.00	47	64. 4%
Intermediate				22	31. 0	\$77.41	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	22	30. 1%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	1	100.0		71 1	100. 0		1	100. 0		0	0.0		0	0. 0		73	100.0%

KI LBOURN CARE CENTER

**********	*****	********	******	******	**********	*********	******
Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Servi ces,	and Activities as of 12/	31/00
Deaths During Reporting Period							
		[		9/	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	3. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	34. 2		41. 1	24. 7	73
Other Nursing Homes	16. 1	Dressi ng	39. 7		41. 1	19. 2	73
Acute Care Hospitals	32. 3	Transferri ng	45. 2		32. 9	21. 9	73
Psych. HospMR/DD Facilities	38. 7	Toilet Use	54. 8		26. 0	19. 2	73
Rehabilitation Hospitals	0.0	Eating	83. 6		13. 7	2. 7	73
Other Locations	9. 7	**************	******	******	******	*********	******
Total Number of Admissions	31	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	5. 5	Receiving R	espi ratory Care	15. 1
Private Home/No Home Health	0.0	0cc/Freq. Incontinen	t of Bladder	32. 9	Recei vi ng T	racheostomy Care	1. 4
Private Home/With Home Health	8. 7	0cc/Freq. Incontinen	nt of Bowel	31.5	Receiving S	ucti oni ng	1. 4
Other Nursing Homes	17. 4				Recei vi ng 0	stomy Care	0. 0
Acute Care Hospitals	30. 4	Mobility			Recei vi ng T	ube Feeding	1.4
Psych. HospMR/DD Facilities	6. 5	Physically Restraine	ed	1.4	Receiving M	echanically Altered Diets	30. 1
Rehabilitation Hospitals	0.0						
Other Locations	10. 9	Skin Care			Other Residen	t Characteristics	
Deaths	26. 1	With Pressure Sores		4. 1	Have Advanc	e Directives	38. 4
Total Number of Discharges		With Rashes		1.4	Medi cati ons		
(Including Deaths)	46				Receiving P	sychoactive Drugs	79. 5
**********	*****	*******	****	*****	******	********	*****

		Ownership: This Proprietary Facility Peer Group		Bed	Size:	Li ce	ensure:		
	Thi s			50-	- 99	Ski l	lled	All Facilities	
	Facility			Peer	Group	Peer	Group		
	%	%	Ratio	%	Ratio	%	<b>Ratio</b>	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89. 2	74.6	1. 20	86. 1	1.04	81. 9	1. 09	84. 5	1.06
Current Residents from In-County	91. 8	84. 4	1.09	90. 2	1.02	85. 6	1.07	77. 5	1. 18
Admissions from In-County, Still Residing	32. 3	20. 4	1. 59	22. 1	1. 46	23. 4	1. 38	21.5	1.50
Admissions/Average Daily Census	37. 3	164. 5	0. 23	168. 8	0. 22	138. 2	0. 27	124. 3	0.30
Discharges/Average Daily Census	<b>55. 4</b>	165. 9	0. 33	169. 2	0. 33	139. 8	0.40	126. 1	0.44
Discharges To Private Residence/Average Daily Census	4. 8	62. 0	0. 08	70. 9	0.07	48. 1	0. 10	49. 9	0. 10
Residents Receiving Skilled Care	69. 9	89. 8	0. 78	93. 2	0. 75	89. 7	0. 78	83. 3	0.84
Residents Aged 65 and Older	57. 5	87. 9	0. 65	93. 4	0.62	92. 1	0.62	87. 7	0.66
Title 19 (Medicaid) Funded Residents	97. 3	71. 9	1. 35	51.5	1.89	65. 5	1. 49	69. 0	1.41
Private Pay Funded Residents	0. 0	15. 0	0.00	36. 3	0.00	24. 5	0.00	22. 6	0.00
Developmentally Disabled Residents	2. 7	1. 3	2.07	0.4	6. 12	0. 9	3. 08	7. 6	0. 36
Mentally Ill Residents	45. 2	31. 7	1.43	33. 0	1. 37	31. 5	1.44	33. 3	1. 36
General Medical Service Residents	16. 4	19. 7	0. 83	24. 2	0. 68	21.6	0. 76	18. 4	0.89
Impaired ADL (Mean)	33. 2	50. 9	0.65	48.8	0. 68	50. 5	0. 66	49. 4	0.67
Psychological Problems	79. 5	<b>52.</b> 0	1.53	47.7	1.66	49. 2	1. 62	50. 1	1. 59
Nursing Care Required (Mean)	6. 8	7. 5	0. 91	7. 3	0. 94	7. 0	0. 97	7. 2	0. 96